

PANEL DISCUSSION/MORNING*

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PARTICIPANT: A lot of what Attorney Hornbeck said made sense. In fact, I was impressed by the number of things that can be done in our school systems today. Of course, a large number of studies have been done over the years of what might be done. But one new phenomenon on the scene is this whole issue of educational choice that appears to be sweeping the country. One viewpoint within that context is that black, Hispanic, and minority disadvantaged people get to choose the best schools to send their kids, thus overcoming some of the financial and socioeconomic advantages others may have in suburbia and upper middle-class populations. What do you think about educational choice?

MR. HORNBECK: I think that as a broad-based strategy for change, it is wholly inadequate. It depends on a marketplace that does not and cannot exist in a form that will result in effective schools for all students. The freer the marketplace the more likely some students will be left out. The less free the marketplace the less choice exists. I just do not see how market pressure will result in the change we seek.

Choice rests on a reward and penalty basis. If you don't do a good job, then all the kids will leave and if all the kids leave, then you don't have any money left and all the teachers will be fired. Why not do directly what choice implies indirectly—reward success and penalize failure. I am perfectly prepared to endorse that perspective as I suggested earlier.

The only place with any history behind it that I know in which choice works in a poor community is in District 4 here in New York City. Now, whether it is choice that has worked in District 4 or whether it is the leadership of people such as Debbie Meirs, I would love to debate. I am not at all clear that it is the fact that there are some choices. I think that Debbie and others in

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District 4 would have made the most antichoice situation work because Debbie does not let things not work. She cares too much about kids. I just don't think it is an effective change strategy.

PARTICIPANT: I would like to ask Dr. Hearn and Dr. Fullilove to comment on taking a step further into the voices that I hear from practitioners and community-based organizations and schools around the country. Two of the things that you really brought up, the impact of the environment, the context, and also the developmental approach and being accurate and being able to use our scientific knowledge productively for real kids and the real problems they have.

There is certainly a strong move in programming to build on the strengths and to look at the ecology of neighborhoods, but the opposite trend has really been to focus on the ever-growing problems of kids so that people constantly say that these kids are so damaged by the time I get them at age 11.

I see the developmental approach that you were talking about with Pyramid and STRAND as extremely useful in individual situations but strategically problematic if not situated in this greater ecological model.

I was wondering if you had experience with that or would comment on it?

DR. HEARN: I was very glad to hear Dr. Mindy Fullilove emphasize the importance of the environment. One of the exciting things about the school-based health care program is that presence of the clinical staff enables interaction with the teachers, and there are at least beginning efforts by these two groups to address the school environment, which is what Mr. Hornbeck was talking about. We hope these programs will be able to address these broader issues. The program in New Jersey, for example, provides recreational and job training activities. Fortunately, people involved in developmental assessment work do understand that you can't just work at the level of the individual child.

Likewise, psychiatrists dealing with children with serious problems increasingly recognize that an hour of therapy is not going to have much of an impact on a child whose remaining 23 hours are overwhelmingly negative. That will undo in a few minutes what was accomplished in an hour. Those who are beginning to move psychiatry back into the community are working on all aspects of the community, including housing and the physical environment.

Such a comprehensive approach is expensive in the short term. It will be cheaper, of course, in the long run, because of the benefits of having many more productive adults. But resources are a dilemma, I agree.

DR. FULLILOVE: Some of our work most recently in New York focused on women crack users. We became intrigued by reports of trauma, extraordinary amounts of trauma of every conceivable type. The same person would report

her mother had died accidentally, been burned out of her house, been raped in childhood, been raped last week, had been kidnapped. The numbers of traumatic instance were extraordinary. There is no equivalent in terms of peacetime populations. It is a life-long series of traumas.

What is intriguing is to think of what you do. You can't effectively take all the women crack users out of New York, for example. I have been most intrigued, given there has been a flurry of reports about psychiatry in the military with the models that were developed for treating battlefield fatigue, a model of proximity, immediacy, and expectancy P.I.E. I think this has relevance.

The model suggests that when we have people who must function under conditions of great stress, that we must treat them close to the environment in which they have to function, that we have to treat them immediately, as soon as we can, as soon as we begin to observe signs of difficulty. In the military setting they treat with the expectancy of return to the environment. People return to their units.

Given that the ecological collapse, for example, in New York City is, at our best guess, going to get worse, we have to work with the expectation that people still have to be functional, loving, caring, moral human beings within this context. I think that actually that model offers some insights as to how we might work with an extraordinary ecological event and yet meet the need to intervene.

PARTICIPANT: To the panel in general, what has been your experience with coalitions, with partnerships, with sharing with other organizations across the board? Successful? Not?

DR. FULLILOVE: My father was a union organizer in the 1930s and helped build the CIO, which was the first great American experiment in coalition. I was raised in the cradle of coalition you might say. I have believed in it since childhood. It is mother's milk to me. I think in all the experiences I had in later life in coalition building that it is one of the keys to political success.

DR. HEARN: We have in the last several years had quite a bit of experience with coalitions. A lot of this has been in conjunction with the foundation's major initiative to reduce demand for alcohol and drugs, called "Fighting Back." A fundamental concept underlying the program is the need to bring together all the constituencies in the community affected by the drug problem: business, the schools, the health professions, every aspect of the community. We have been very impressed by the response.

When we announced the program 600 people came to a workshop to learn more about it. We received 331 applications from communities all over the

country, communities that had to form broad-based coalitions to apply for the program. Clearly, something quite unusual is going on in the country at this time, and it in part reflects what Mr. Hornbeck was saying earlier. We finally realize that we need to ensure that as many as possible of our young citizens grow up to lead productive and creative lives. This is bringing business and labor and the schools and the health professionals and everyone else together.

I think that this growing perception gives an important opportunity to try to address the real issue—the political will that Julius Richmond has been talking about for years—to implement the things we know how to do.

For example, we have good data about the effectiveness of Head Start. Yet it serves only 25% of the children eligible. Here is a situation where people are proud that we have brought scientific evidence to bear on the policy process, and we are still falling so far short of providing the services the evidence supports.

One potential advantage of these new coalitions is that more powerful people are involved at all levels with community-level power as well as board-room power. The strategies they develop because they have input from all aspects of the community may therefore have a greater likelihood of getting people to buy into their implementation. Sitting down and developing a strategy is easy. But it won't be implementable unless a broad range of people have been part of its development so they will have an investment in its outcome.

From our own experiences, I am optimistic about these new coalitions.

DR. BALDWIN: First, please include the researchers in the coalition. The other goes back to your point that economically we can't afford throw-away kids and I agree. I think there was a time we could and it wasn't as important. It is now and that means the coalition is much better able to include the business community than I think it was in the past.

DR. FRIEDMAN: I would like to combine a brief comment with a question, particularly to Mr. Hornbeck but also the others. You mentioned an agent of change using lawsuits. When I was in Maryland there was an agency called MAUDD. I forgot what it stands for, except for the "M." It was just enormously effective in bringing about rapid change for individual children. This was a legal advocacy group. The child didn't have to have a special problem, access to rather routine kinds of educational services which overnight would be offered after one call from MAUDD.

I wonder if you could expand on that and then perhaps with the others as to whether there is a local community that would like to mobilize legal forces for the betterment of children, what are some approaches and strategies to do that

on even a small scale, let alone a large scale?

MR. HORNBECK: Well, you are quite right about MAUDD. It was a very effective legal services unit focused particularly on developmentally disabled kids. I don't remember what the "A" and "U" stood for either, but the "D" and "D" at the end are "developmentally disabled."

That was an example where, in the first instance for individual kids but ultimately in a couple of very good class actions, they brought to bear the power of the court to achieve some things that schools weren't delivering.

There are three or four different ways those kind of strategies are possible today. One is within the framework of laws that affect disabled kids. A lawsuit, for example, here in New York—Jose P.—began back in 1979 because of which the New York City School system has been trying now for 12 years to served disabled students correctly. Absent that lawsuit, the "feet being held to the fire" process that has continued to direct attention to the 115,000 disabled kids in New York City would not have happened. There has been, since at least 1975, when P.L. 94-142 passed, fertile ground for lawsuits related to the rights of disabled youngsters.

There has also been a series of initiatives over the years in the desegregation context beginning with the Brown decision. That has become even more sophisticated in recent years, resulting in both the physical movement of children and the expenditure of hundreds of millions of dollars to eradicate the vestiges of segregation. There has also been a series of lawsuits with fiscal equity as their central core. You have read about those, particularly in New Jersey and in Texas. Unfortunately, from my perspective, the only focus of those has been fiscal equity. Money alone won't do the job. Absent money, the job won't get done, either, but money alone won't do the job, and those lawsuits have tended to focus just on money.

Going back to the issue of the business community involved in education, there are lawsuits in Illinois and Alabama, for example, right now that have been filed on a fiscal equity ground and nobody is bringing the substantive programmatic curriculum perspective to the court. I have been urging the corporate community to seek to intervene in those lawsuits and to affirm a belief in more money with a willingness to pay the corporate taxes to help provide more money. But the courts need also to focus on accountability for the expenditure of that money. The accountability ought to be rooted, as I suggested earlier, in outcomes and not in process.

There has been reported in New York the prospect of a suit against New York State on fiscal equity grounds. I hope if that lawsuit were brought that it would not be brought simply on fiscal equity grounds but would be brought within the framework of what substantively actually happens to kids as well.

There are many different ways you can bring lawsuits. The ACLU and Legal Aid and a variety of legal service entities, advocates for children, private law firms are among them. There are a variety of ways that that can be done. If anybody were really seriously interested in bringing such a major lawsuit like that, I would be glad to refer you to some people in the New York area to do that, including some people in this room.

PARTICIPANT: I was very pleased to hear David Hornbeck talk about the fact that we have solutions. One of them I think that we really should focus on is the Siegler community school model because it is extraordinarily powerful. It has that P.I.E. component Dr. Fullilove mentioned.

Our experience in Children's Aid has been to work very closely with the Board of Education as a community-based organization in planning from the ground up three schools being built in the Washington Heights area, where the building is designed for medical services and recreation and all of the things that we can bring into a school.

So, it seems to me that if we are talking about the combination of politics and policy, this is a very significant place to put our energies. I was fortunate enough to work for the Gould Foundation last year in developing and sustaining eight of these schools in New York City. I don't know what will happen to them now because the contract ended. We are very much in danger of losing all these fragile improvements.

I think you are right to point out Kentucky as a fine example. I would love to hear comments about whether we can see this as a good collaborative effort between education, health, and all the other services families and children need.

Second, I would like a comment, if possible, on the fact that most of these efforts are elementary school based, six to 12, or pre-school to 12, and in some work it has been noted that teens and adolescents benefit more from programs outside the schools.

DR. BROOKS-GUNN: I think your first point, I think most of us would agree, it is a great model. The real question is when coalitions are made, how do you sustain programs like this. That really gets back to what will be mentioned and what Dr. Richmond has talked about as political will.

The second point, about interventions being best outside the school, I am not sure I would agree totally with that. I think that it depends on intervention for what. It depends on what you're trying to intervene for. I think some of the points Mr. Hornbeck has mentioned about how you can structure schools makes the school environment a very potent place as a change agent.

PARTICIPANT: Just talking about adolescents.

DR. BROOKS-GUNN: I am talking about adolescents because the Turning

Points was based on a middle school model. You can take Turning Points as an exemplar of ways you can alter the schools to make change in adolescence.

PARTICIPANT: This question has changed.

MR. HORNBECK: Unfortunately, schools participate in helping to turn off that curiosity long before children become adolescents. In fact, there is a lot of evidence that it is not sustained past the first or second grade. But that said, the point seems to me the same, whether it is at the elementary level or in the middle grade framework. A major portion of the responsibility rests at the schoolhouse level. I think it also rests in the home and in the framework of the wider community.

One of the wonderful stories that Marian Edelman tells of growing up in South Carolina is the way the whole community took charge of her growing up. She knew that when she walked down the street Mrs. Jones and Mrs. Jenkins and so on would be reporting to her mom and dad about what she was doing. They helped to create high expectations of her and helped her to meet them. So I don't want to exclude family and the wider community, but my focus is on schools, because that is an institution about which one can formulate public policy.

It seems to me that if one begins from the premise that all kids can learn and we know how to teach them then you have set the stage for saying to the education system, "You are responsible for seeing to it that kids are sustained until they achieve certain outcomes."

Now, you have to help educators providing professional development helping students have a good start, providing the health and social service support systems, and so on. But I would argue that there needs to be a very clear-cut, hard edged sense of accountability in the schools in which there is genuine responsibility.

DR. BROOKS-GUNN: There is another way to attack the problem. What changes at adolescence is not that kids for the first time are turning off from school, but what does happen is children are seeing what education is worth in their community. Younger children are not able to evaluate the benefits of staying in versus the consequences. It goes back to the social cognitive processes I talked about for sexual decision-making. You can use the same model to talk about decisions to stay in school or not.

In some environments I would maintain many kids or subgroups of kids don't see much benefit in staying in. We are going to have to think about whether their perceptions are realistic. In some cases they are. When they aren't realistic, what one can do is to convince them that it is worth their while to stay in school.

If there are no jobs, you can get to/from a particular neighborhood where you live and you see that adults cannot get to jobs, there is no transportation,

their peer networks aren't such that that is how you get jobs—many kinds of research is being done now on the community level to show that in particularly high poverty neighborhoods kids' perceptions about the benefit of finishing high school are in that context fairly realistic. It is a whole other structural set of problems we have to deal with in terms of what it means to get an education and what kind of jobs kids can get.

PARTICIPANT: My question is directed to Dr. Brooks-Gunn in the sense you mention a lot about models in the health professions and you also mention that there is a real need to link the research community with the service community, provider community. Could you share with us whether there are models out there where that is actually taking place, and are you really able to get basic researchers to work with health providers in trying to link these kind of things we are finding out through our research but yet are not reaching a group of people who can really benefit from the information? Do you really have some examples you can share with us where that might be working so we connect somehow?

DR. BROOKS-GUNN: Marion Howard will talk about some this afternoon. The work Mr. Bailin will talk about, Public/Private Venture Enterprises, is another example.

The problem may be that they are fewer and farther between than they ought to be. Part of that problem, having tried to make such marriages myself with various health care providers, we all speak different languages and it takes a really long time until we are speaking the same language enough that we can really go ahead and work.

One example would be a prenatal program I worked with at Harlem Hospital with Margaret Haggerty, and it really surprised me. I was much younger. Nothing would surprise me now. Ten years ago I was more naive. It probably took nine months before the staff working in the prenatal program and research evaluator people—I was one of two—trusted each other enough that we could really work together in a way that was not just, "Here, take this survey and fill it out," or, "Here, take this curriculum module I developed to teach mothers about prenatal care and implement it."

Nine months actually is probably pretty short. So people have to be willing to spend some time doing it and realize it is not going to happen overnight. Otherwise you are not learning from one another. I probably learned more from our staff in that particular program about the biases that I brought with the curriculum that I wanted to implement and how middle class it was than they learned about research.

However, that experience changed the way I think about implementing curriculums in different neighborhoods that may have a different cultural set. I think I am probably more modest in what I think can be done. But, yes, they

are models. I think Ruby could talk about a lot of models the foundation has funded where she or the foundation has made a marriage, so to speak. Barbara Blum could talk about that as well. Sometimes foundations can play a terrific role in making the marriages. I think the two groups don't just naturally come together because we think about the problems differently.

DR. MINDY FULLILOVE: My husband and I are both doing AIDS research, but we are providers that have become researchers. We were drafted because there were few minority members with some research skills who could be brought in to do research on the AIDS epidemic. Because we had close ties in the service community, mine in mental health and my husband's in education, we haven't really had those problems in language. One of the things we found that helps us to translate that so it has a broader impact is to develop models for training community providers in evaluation services and research services.

We have found that has been tremendously helpful in overcoming some of what Dr. Brooks-Gunn is pointing out as differences in language. We try to teach them as much as we have learned about what the research language is. We think that is a powerful and effective model for bridging some gaps.

The second thing that is very powerful as a model is, you can easily teach community people to do observational research, write down what they are seeing. Once they can translate their observations, then the research community finds that incredibly valuable because the community people know about not only where it is going on but where it is going and are attuned to the changes.

Research community is about 10 beats behind. As soon as community people learn to say what the changes are that they are seeing, then they become a respected resource and ally, and that becomes very powerful.